

DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)  
**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT**  
**CERTIFICATION REVIEW AND EVALUATION REPORT**  
**SECTION D: INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
1. The service provider keeps certain information in client records to fulfill DSHS requirements. The client's records include:			
a. The client's name, address, and Social Security number;			
b. The name, address, and telephone number of the client's relative, guardian or legal representative;			
c. Copies of legal guardianship papers, if any;			
d. A copy of the client's most recent individual service plan (ISP) written by the DDD case manager;			
e. A copy of the client's individual instruction and support plan (IISP);			
f. The client's progress notes;			
g. Incident reports;			
h. Burial plans and wills (if available);			
i. A copy of the client or legal representative's rental agreement, lease, or sublease showing the client as lessee. (N/A for group home programs.)			
WAC 388-820-400 AND 080(1) SOURCE: CRC			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**  
**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
2. The service provider assists clients in maintaining current, written property records when the clients receive 40 hours or more a month of services. The record consists of:			
a. A list of items with a value of at least \$25 that the client owns when moving into the program;			
b. A list of personal possessions with a value of \$75 or more per item once the client is receiving services;			
c. Description and identifying numbers, if any, of the property;			
d. The date the client purchased the items after moving into the program;			
e. The date and reason for addition or removal from the record; and			
f. The signature of the staff or client making the entry. WAC 388-820-410 SOURCE: CPRC			
3. The service provider and staff considers all client record information privileged and confidential. Copies of client record information are available to:			
a. DSHS, the client, and/or legal representative upon their request to the service provider; and			
b. The county developmental disabilities board with DDD approval, as allowed under RCW 71A.14.070. WAC 388-820-380 SOURCE: DDDIG, SIG, PPIG, CIG			
4. Transfers or inspection of records, except under WAC 388-820-380(1) are authorized by a release of information form that is valid for up to one (1) year, specifically gives information about the transfer or inspection, and is signed by the client or guardian. WAC 388-820-380 SOURCE: SIG, CRC			
5. The service provider must note all record entries:			
a. In ink; and			
b. At the time of or immediately following the occurrence of the event recorded, in legible writing, and dated and signed by the person making the entry. WAC 388-820-420 SOURCE: CRC			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**  
**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
6. For clients who receive an average of 30 hours or more of service per month, the service provider:			
a. Maintains health records;			
b. Assists the client in arranging appointments with health professionals;			
c. Monitors medical treatment prescribed by health professionals;			
d. Communicates directly with health professionals when needed; and			
e. Ensures that the client receives an annual physical and dental examination unless the appropriate medical professional gives a written exception. WAC 388-820-690(2) SOURCE: AIG, SIG, PPIG, FGAIG, PPC, CHRC			
7. Client health records include:			
a. The name, address, and telephone number of the client's:			
(1) Physician;			
(2) Dentist;			
(3) Mental health service provider; and			
(4) Any other health care service provider;			
b. Health care service providers instructions about health care needed, including appointment dates and date of next appointment if appropriate;			
c. Written documentation that the health care service providers instructions have been followed; and			
d. A record of major health events and surgeries when known. WAC 388-820-400(4) SOURCE: CHRC			
8. The service provider maintains a written record of all medications administered to, monitored for, or refused by the client. DDD POLICY 6.19 SOURCE: CHRC			
9. The service provider documents client refusal to participate in health care services in accordance with WAC 388-820-100. WAC 388-820-700 SOURCE: PPIG, CHRC, ISRC			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**  
**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY	WEEK OF	
STANDARD	PROGRAM COMPLIANCE	
	1	2
10. For those clients who are prescribed psychoactive medications or who display symptoms of mental illness and might benefit from taking psychoactive medication, the service provider documents:		
a. An assessment of the client's symptoms and behaviors conducted by a professional;		
b. A psychoactive medication treatment plan. The plan addresses the following:		
(1) A mental health diagnosis or a description of the behaviors for which the medication is prescribed;		
(2) The name(s) and purpose(s) of the medication(s);		
(3) The length of time considered sufficient to determine if the medication is effective; and		
(4) The behavioral criteria to determine whether the medication is effective (i.e., what changes in behavior, mood, thought, or functioning are considered evidence that the medication is effective);		
c. Informed consent for administration of the medication by the client or his or her legal guardian, documented on a form that lists justification for the use of the medication:		
(1) An information sheet on the medication(s), including potential side effects, is attached to the consent form (it is acceptable to use the written information supplied by the dispensing pharmacy);		
(2) The service provider retains a copy of the consent form from the client's guardian in the client file;		
(3) If the client's guardian refuses to give consent, the agency encourages the guardian to meet with the treatment professional to discuss the medication issue.		
d. Plans to support the client in positive ways that will assist in the treatment or reduction of the client's symptoms/behaviors are documented in a written plan such as the Behavior Support Plan (BSP), Psychoactive Medication Treatment Plan (PMTP), ISP, or the IISP. DDD POLICY 5.16		
EVALUATOR COMMENTS		
CORRECTIVE ACTION PLAN/TIMELINES:		
INITIALS Administrator: _____ Evaluator: _____ Resource Manager: _____		

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**

**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
11. The service provider monitors the effectiveness of the psychoactive medication (based on criteria recommended by the prescribing professional), and monitors for potential side effects. If the medication does not appear effective and/or if side effects are present, the service provider communicates this to the prescribing professional and discusses alternatives. DDD POLICY 5.16			
12. The service provider requests that the professional prescribing the psychoactive medication see the client at least every three (3) months unless the prescribing professional has recommended a different schedule. The agreed upon schedule is documented in the client file. DDD POLICY 5.16			
13. The continued need for each psychoactive medication is assessed annually by the prescribing professional. DDD POLICY 5.16			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**

**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
14. The service provider only assists the client to take medications, unless he or she is a licensed health professional or has been authorized and trained to perform a specifically delegated nursing task. DDD POLICY 6.19			
15. Group home staff may provide additional tasks under WAC 388-78A-300. (N/A for supported living programs.) DDD POLICY 6.19			
16. Any client requiring medication administration receives it only from a licensed health care professional working under their scope of practice or under nurse delegation. DDD POLICY 6.19			
17. Medications are administered only under the order of a physician or a health care professional with prescriptive authority. DDD POLICY 6.19			
18. One nursing assistant does not transfer delegated authority to perform nursing care tasks to another nursing assistant. WAC 388-820-730, 740 AND DDD POLICY 6.19			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**  
**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
19. The following tasks are not delegated:			
a. Administration of medication by injection (intramuscular, intradermal, subcutaneous, intraosseous, and intravenous;			
b. Sterile procedures; or			
c. Central line maintenance. DDD POLICY 6.19			
20. Before nursing assistants perform delegated tasks, the service provider has written consent:			
a. Obtained by the registered nurse from the client or person authorized to give consent under RCW 7.70.065; and			
b. Proof of consent is kept in the client's files. WAC 388-820-760 AND DDD POLICY 6.19			
21. In addition to standards in WAC 388-820-730 through 388-820-70, community protection providers disclose to the delegating nurse any relevant information related to community protection issues of community protection participants. (N/A for all except programs serving community protection clients.) DDD POLICY 15.04			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**

**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
22. The service provider provides transportation or ensures that clients have a way to access all health, mental health, and dental services, including emergency medical care, medical appointments and therapies. WAC 388-820-720(1) AND 690(1) SOURCE: SIG, FGAIG, PPIG, EOG, ODC, CHRC			
23. Within available resources, the service provider provides necessary assistance with transportation to and from:			
a. Work, school or other publicly-funded services;			
b. Leisure or recreation activities;			
c. Client requested activities; and			
d. ISP or IISP related activities. WAC 388-820-720(2) SOURCE: SIG, FGAIG, PPIG, EOG, ODC, CHRC			
24. In addition to standards in WAC 388-820-720, community protection ISLS providers ensure and provide supervised transportation as needed for medical emergencies, appointments, day programs, and community activities and are exempt from encouraging the independent use of public transportation by the community protection participant. (N/A for all except programs serving community protection clients.) DDD POLICY 15.04			
25. Clients are not routinely involved in the unpaid instruction and support of other clients. WAC 388-820-300 SOURCE: SIG, PPIG, EOG			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS Administrator: _____ Evaluator: _____ Resource Manager: _____			



**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**

**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
26. The service provider participates with DDD staff, the client, the client's guardian or legal representative and other interested persons in the development of the ISP. WAC 388-820-540 SOURCE: DDDIG, AIG, SIG, FGAIG, PPIG, ISRC			
27. The service provider develops with each client a written IISP which includes specific methods of instruction and support. WAC 388-820-570(1) SOURCE: PPIG, SIG, EOG, ISRC			
28. The service provider facilitates the IISP in a manner that:			
a. Is respectful and inclusive of the client;			
b. Is appropriate to the age of the client or is preferred by the client;			
c. Takes place or occurs in community settings; and			
d. Results in opportunities for clients to experience positive change and personal growth. WAC 388-820-570(3) SOURCE: SIG, FGAIG, PPIG, EOG, ISRC			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**  
**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
29.The IISP is based on the goals of the ISP and reflects the clients:			
a. Preferences; and			
b. Has the client's agreement. WAC 388-820-560(2) SOURCE: ISRC			
30.Service providers support clients to enable them to:			
a. Enjoy all rights and privileges under the Constitution and laws of the United States and the state of Washington; and			
b. Participate in community life and have control of their environment to the greatest extent possible. WAC 388-820-010 SOURCE: SIG, FGAIG, PPIG, EOG, ISRC			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**  
**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
31.The IISP identifies activities and opportunities that promote one or more of the following clients services:			
a. Health and safety:			
(1) Know when they need health services;			
(2) Maintain good health;			
(3) Learn about basic nutrition;			
(4) Learn about human sexuality;			
(5) Use health services, including mental health services;			
(6) Manage and/or self-administer their medications;			
(7) Deal with illness and injury;			
(8) Apply first-aid procedures;			
(9) Learn self-protection;			
(10) Become aware of fire evacuation plans and burglary protection strategies; and			
(11) Know emergency procedures, such as using 911 or a local emergency number.			
b. Personal power and choice:			
(1) Secure housing and furnishings that reflect personal preferences, life style, and financial means;			
(2) Express personal opinions and make decisions;			
(3) Learn and exercise rights and responsibilities;			
(4) Improve communication skills;			
(5) Participate in a variety of activities of their choice, including new experiences;			
(6) Exercise voter rights;			
(7) Learn about and participate in self-advocacy and protection services; and			
(8) Make career choices.			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**  
**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
c. Competence and self-reliance:			
(1) Develop and achieve their goals;			
(2) Learn and use daily living skills, such as meal planning and preparations, grocery shopping, doing laundry, using household appliances, managing money, and using leisure time;			
(3) Identify situations where the client needs or desires assistance from others;			
(4) Complete or participate in all tasks within their abilities; and			
(5) Acquire and use adaptive devices and equipment, as needed.			
d. Positive recognition:			
(1) Create positive self-esteem and feelings of self-worth;			
(2) Choose valued social roles;			
(3) Make choices that enhance their positive recognition by community members; and			
(4) Present themselves in ways that are typical of other people in their community.			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**  
**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
e. Positive relationships:			
(1) Improve their communication skills;			
(2) Experience opportunities to meet and interact with other people;			
(3) Initiate, build and sustain relationships;			
(4) Involve the client's guardian, chosen family members or representative in planning and making decisions that affect the client;			
(5) Resolve disagreements with peers, family, friends, staff, neighbors, and co-workers; and			
(6) Cope with the loss of a significant relationship, such as the death of a friend or family member, the end of a relationship, the loss of a job, or a change of staff.			
f. Community integration:			
(1) Use community resources such as grocery store, bank, and social organizations;			
(2) Use available transportation;			
(3) Access educational and vocational opportunities; and			
(4) Participate on boards, committees, or other positions of influence or status.			
WAC 388-820-560(3) AND 388-820-450 THROUGH 510 SOURCE: PPIG, SIG, EOG, ISRC			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**

**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
32.The service provider oversees each client's IISP and documents:			
a. Instruction and support activities for each client as a basis for review and evaluation of the client's progress;			
b. Consultation with other service providers and other interested persons, as needed, to coordinate the IISP;			
c. Other activities relevant to the client that the client wants included;			
d. Revision of the IISP as goals are achieved, or as requested by the client or guardian; and			
e. Reviews and updates of the plan at least every six (6) months. WAC 388-820-580 AND 400(6) SOURCE: AIG, WSCAIG, ISRC, CRC			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**  
**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
33. Behavioral support programs are based on respect, dignity, and personal choice. DDD POLICY 5.14 SOURCE: EOG, FGAIG, PPIG			
34. Positive behavioral support meets the client's needs and reduces problem behaviors. DDD POLICY 5.14 SOURCE: SIG, PPIG			
35. The client and/or his/her guardian are involved in discussions regarding the perceived need for a restrictive procedure, including:			
a. The specific restrictive procedures to be used;			
b. The perceived risks of both the client's problem behavior and the restrictive procedures;			
c. The reasons which justify the use of the restrictive procedures; and			
d. The reasons why less restrictive procedures are not sufficient. DDD POLICY 5.15 SOURCE: PPIG, FGAIG			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**

**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
<p>36. Emergency use of restrictive procedures are used only when the client's behavior presents immediate risk to the health and safety of the client or others or a threat to property; each use is documented by an incident report, and submitted to DDD; and if used more than three (3) times in six (6) months, efforts begin to conduct a functional assessment which may result in the development of intervention strategies and/or a BSP.</p> <p>DDD POLICY 5.15</p>			
<p>37. Restrictive procedures are used only for the purpose of protection, and are not used for the purpose of changing behavior in situations where no need for protection is present.</p> <p>DDD POLICY 5.15 SOURCE: AIG, EOG, SIG</p>			
<p>38. Only the least restrictive procedures needed to adequately protect the client, others, or property are used and restrictive procedures are terminated as soon as the need for protection is over.</p> <p>DDD POLICY 5.15 SOURCE: AIG, EOG, SIG</p>			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			



**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**  
**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
39. Before implementing restrictive procedures, the program provides the following documentation on the proposed intervention strategy:			
a. A definition of the target behaviors that the restrictive procedures address;			
b. A functional assessment of the problem behaviors, including hypotheses why the client engages in these behaviors;			
c. Based on the functional assessment, the positive behavior support strategies that will be used to reduce or eliminate the client's need to engage in the problem behaviors;			
d. A description of the restrictive procedure used, when and how it is used, and clear criteria for termination;			
e. A plan for recording data on the use of the procedure and its effect. Each use of a restrictive procedure is recorded except for those procedures where the restrictions are ongoing. In these cases, the client's treatment plan includes documentation of the restrictions and a notation that the restrictions are ongoing; and			
f. A description of how the service provider monitors the outcomes of implementing the positive behavior support strategies and evaluates the continued need for restrictive procedures. DDD POLICY 5.15			
40. Prior to implementation of restrictive procedures, each proposed intervention has been approved as follows:			
a. Written approval of the administrator or persons who have designated approval authority;			
b. Written approval of the client and/or legal guardian for any strategies requiring ETPs or involve physical or mechanical restraints;			
c. Documentation of approval on a form listing the risks, explaining why less restrictive procedures are not recommended, and indicating alternatives. This form provides space for written comments from the client or guardian. DDD POLICY 5.15			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**

**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
41.Data monitoring for restrictive procedures includes:			
a. Review of the plan at least every 30 days by program staff responsible for intervention strategies or BSPs;			
b. Review and revision of the intervention strategies or BSPs whenever data indicates progress is not occurring after a reasonable period, but no longer than six (6) months;			
c. Annual re-approval by the approving authorities of restrictive procedures requiring ETPs or involve physical or mechanical restraints. Documentation of approval/re-approval is in the record. DDD POLICY 5.15			
42. Any exception to DDD Policy 5.15 is reviewed and approved in writing by the DDD Regional Administrator. All ETP requests are submitted using the <i>Request for Exception to Policy (ETP) for Use of Restrictive Procedures, DSHS 02-556</i> , and a signed consent form accompanies the request. A current signed ETP and attached signed consent are in the record. DDD POLICY 5.15			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**

**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
43. When the service provider implements restrictive procedures, incident reports are completed under the following conditions:			
a. When any injuries requiring first aid and/or medical care are sustained by any person during implementation of a restrictive procedue/intervention;			
b. Whenever restrictive procedures are implemented under emergency guidelines; and			
c. Submitted as described in DDD Policy 6.12. DDD POLICY 5.15			
44. Restrictive procedures not allowed by DDD Policy 5.15 under any circumstances are not used. DDD POLICY 5.15			
45. Physical/manual interventions are only a portion of a support system providing services in the least restrictive and least intrusive manner possible. Any physical/manual interventions used meet all requirements as stated in DDD Policies 5.15 and 5.17, including using only those interventions that are permitted, and not under any circumstances using those that are prohibited. DDD POLICY 5.15			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**  
**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
46. In addition to standards in WAC 388-820-730 through 388-820-790, community protection client records include: (N/A for all except programs serving community protection clients.)			
a. The IISP, BSP, and a therapist-approved treatment plan if applicable;			
b. A psychosexual evaluation and risk assessment for sexually violent/predatory program participants if applicable;			
c. Documentation of the community protection client's registration with appropriate law enforcement authorities, if required, as well as documentation of subsequent notification to DDD of registration;			
d. Documentation of all agreements, plans and/or understanding with other agencies or individuals who support the community protection client, including guardians and family members. These must include requirements for supervision of the community protection client when staff is not present;			
e. Documentation of the community protection client's refusal to follow conditions of the IISP, BSP, and/or treatment recommendations of the Sexual Offender Treatment Provider (SOTP) or other treatment professional; and			
f. Copies of any Exceptions to Policy (ETP) that have been approved. DDD POLICY 15.04			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**  
**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
STANDARD		PROGRAM COMPLIANCE	
		1	2
47. In addition to standards in WAC 388-820-560 through 388-820-580, community protection clients have: (N/A for all except programs serving community protection clients.)			
a. A written individual plan that contains, at a minimum:			
(1) An assessment of the community protection client's emotional and behavioral issues as related to community protection risks;			
(2) Specific intervention strategies and techniques related to community protection risks;			
(3) Specific restrictions and measures, including security precautions, both in-home and out-of-home; and			
(4) Signature of the DDD case resource manager and the community protection client.			
b. A written psychosexual evaluation and treatment recommendations, including any restrictive procedures approved by a certified SOTP if there is a sex offense history.			
c. A written functional assessment of any problem behaviors. For community protection clients with sexual offending issues, the written assessment by a certified SOTP may substitute for a functional assessment of those behaviors, and the provider's recommendations may serve as justification for restrictions related to the sexual behaviors. If the community protection client also has unrelated problem behaviors (such as property destruction), a functional assessment for those behaviors must be conducted in addition to the SOTP evaluation unless the evaluation addresses the behavior;			
d. A written positive BSP that is based upon the functional assessment(s) described above. The BSP must meet the criteria set forth in DDD Policy 5.15. Use of restrictive procedures, when restrictive procedures are considered necessary to ensure participant or public safety. DDD POLICIES 15.04 AND 5.15			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			

**COMMUNITY RESIDENTIAL SERVICES AND SUPPORT CERTIFICATION REVIEW AND EVALUATION REPORT**  
**SECTION D. INSTRUCTION AND SUPPORT**

AGENCY		WEEK OF	
<b>STANDARD</b> <b><i>APPLICABLE ONLY UNTIL JANUARY 1, 2002</i></b>		PROGRAM COMPLIANCE	
		1	2
48. The alternative living provider provides written progress reports to each client's DDD case/resource manager as requested, or a least two weeks prior to the expiration of each six (6) month authorization period. (N/A for all but alternative living programs.) CONTRACT			
EVALUATOR COMMENTS			
CORRECTIVE ACTION PLAN/TIMELINES:			
INITIALS			
Administrator: _____ Evaluator: _____ Resource Manager: _____			